

Health Risks and Behaviors

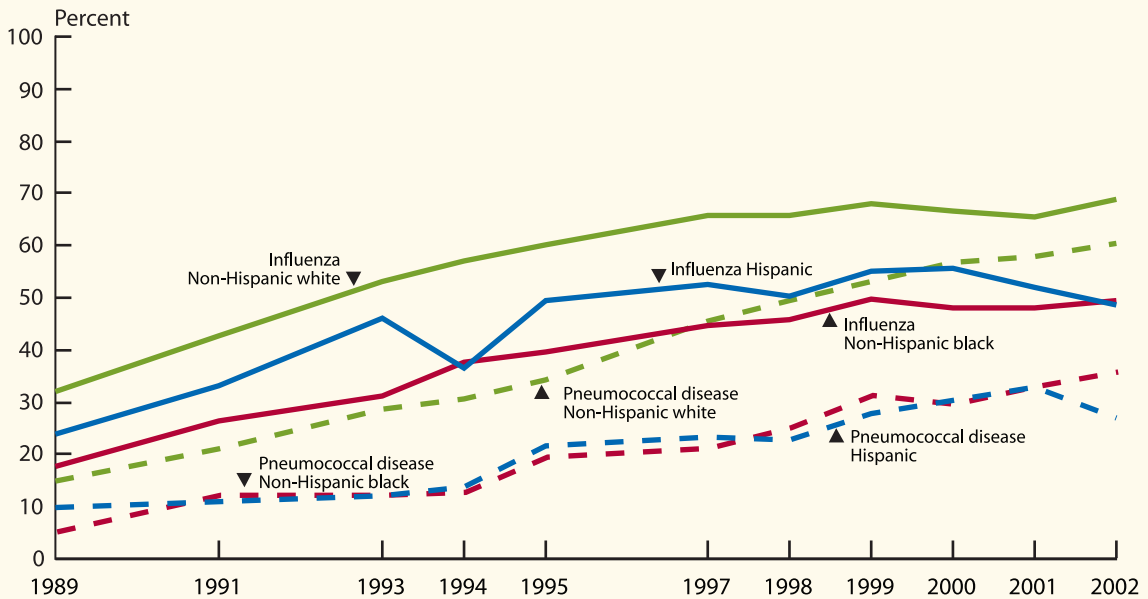
- Indicator 21: Vaccinations**
- Indicator 22: Mammography**
- Indicator 23: Dietary Quality**
- Indicator 24: Physical Activity**
- Indicator 25: Obesity**
- Indicator 26: Cigarette Smoking**
- Indicator 27: Air Quality**

INDICATOR 21

Vaccinations

Vaccinations against influenza and pneumococcal disease are recommended for older Americans, who are at increased risk for complications from these diseases compared with younger individuals.^{32,33} Influenza vaccinations are given annually, and pneumococcal vaccinations are usually given once in a lifetime. The costs associated with these vaccinations are covered under Medicare Part B.

Percentage of people age 65 and over who reported having been vaccinated against influenza and pneumococcal disease, by race and Hispanic origin, selected years 1989-2002



Note: People of Hispanic origin may be of any race. For influenza, the percentage vaccinated consists of people who reported having a flu shot during the past 12 months. For pneumococcal disease, the percentage refers to people who reported ever having a pneumonia vaccination. Reference population: These data refer to the civilian noninstitutionalized population. Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

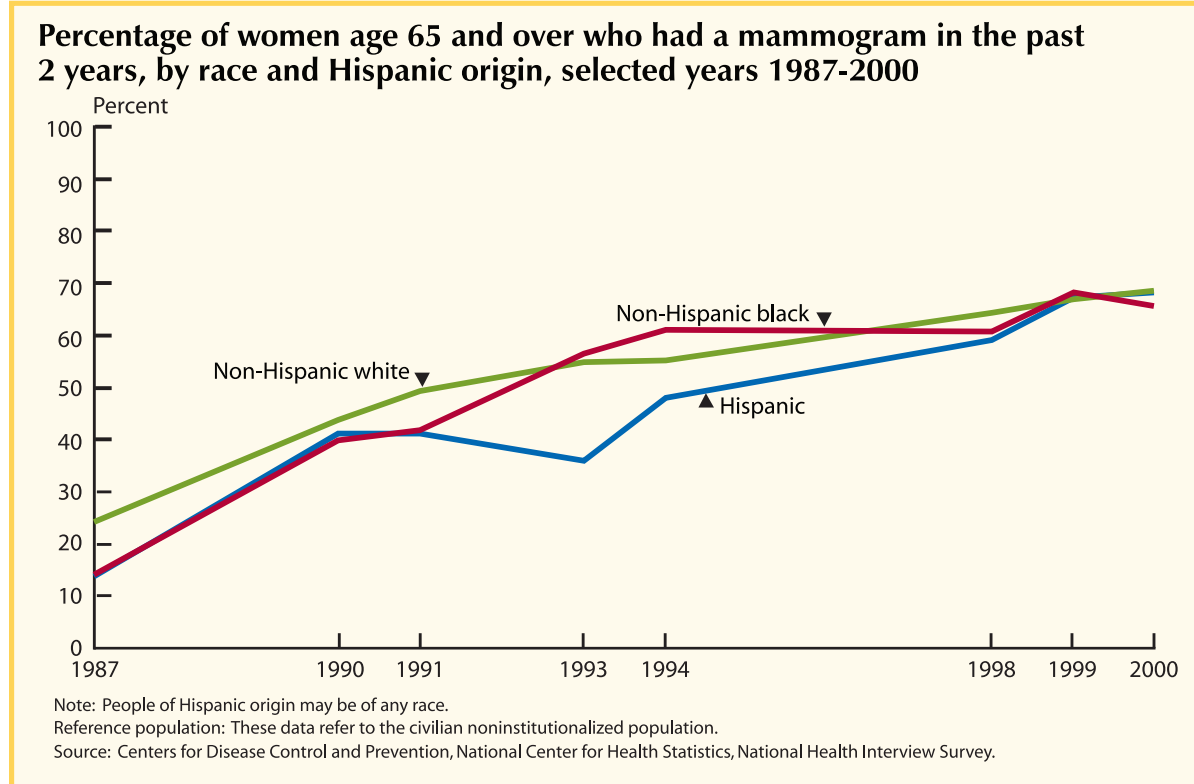
- ◆ In 2002, 66 percent of people age 65 and over reported receiving a flu shot in the past 12 months. Influenza vaccination rates have increased for all groups in the past decade, but there are still differences by race and ethnicity. Sixty-nine percent of non-Hispanic whites reported receiving a flu shot compared with 50 percent of non-Hispanic blacks and 49 percent of Hispanics.
 - ◆ In 2002, 56 percent of people age 65 and over had ever received a pneumonia vaccination. Despite recent increases in the rates for all groups, non-Hispanic whites are more likely to have received a pneumonia vaccination (60 percent) compared with non-Hispanic blacks (37 percent) or Hispanics (27 percent).
 - ◆ Older people are more likely to have been vaccinated than younger people. In 2002, 61 percent of people age 65-74 had received a flu shot in the preceding 12 months compared with 70 percent of people age 85 and over. Fifty percent of people age 65-74 have ever received a pneumonia vaccination compared with 63 percent of people age 85 and over.
- Data for this indicator's chart and bullets can be found in Tables 21a and 21b on page 94.*



INDICATOR 22

Mammography

Health care services and screenings can help prevent disease or detect it at an early, treatable stage. Mammography has been shown to be effective in reducing breast cancer mortality among women age 40 and over, especially for the 50-69 age group.³⁴



- ◆ Among women age 65 and over, the percentage who had a mammogram within the preceding 2 years almost tripled from 23 percent in 1987 to 68 percent in 2000. While there was a significant difference in 1987 between the percentage of older non-Hispanic white women (24 percent) and the percentage of older non-Hispanic black women (14 percent) who reported having had a mammogram, in recent years this difference has disappeared.
- ◆ Older women living below the poverty level were less likely to have had a mammogram in the preceding 2 years than older women living above the poverty level. In 2000, 55 percent of women age 65 and over living below the poverty level reported having had

- a mammogram compared with 70 percent of older women living above the poverty level.
- ◆ Older women without a high school diploma were less likely to have had a mammogram than older women with a high school diploma. In 2000, 58 percent of women age 65 and over without a high school diploma reported having had a mammogram in the preceding 2 years compared with 72 percent of women who had a high school diploma and 74 percent of women who had some college education.

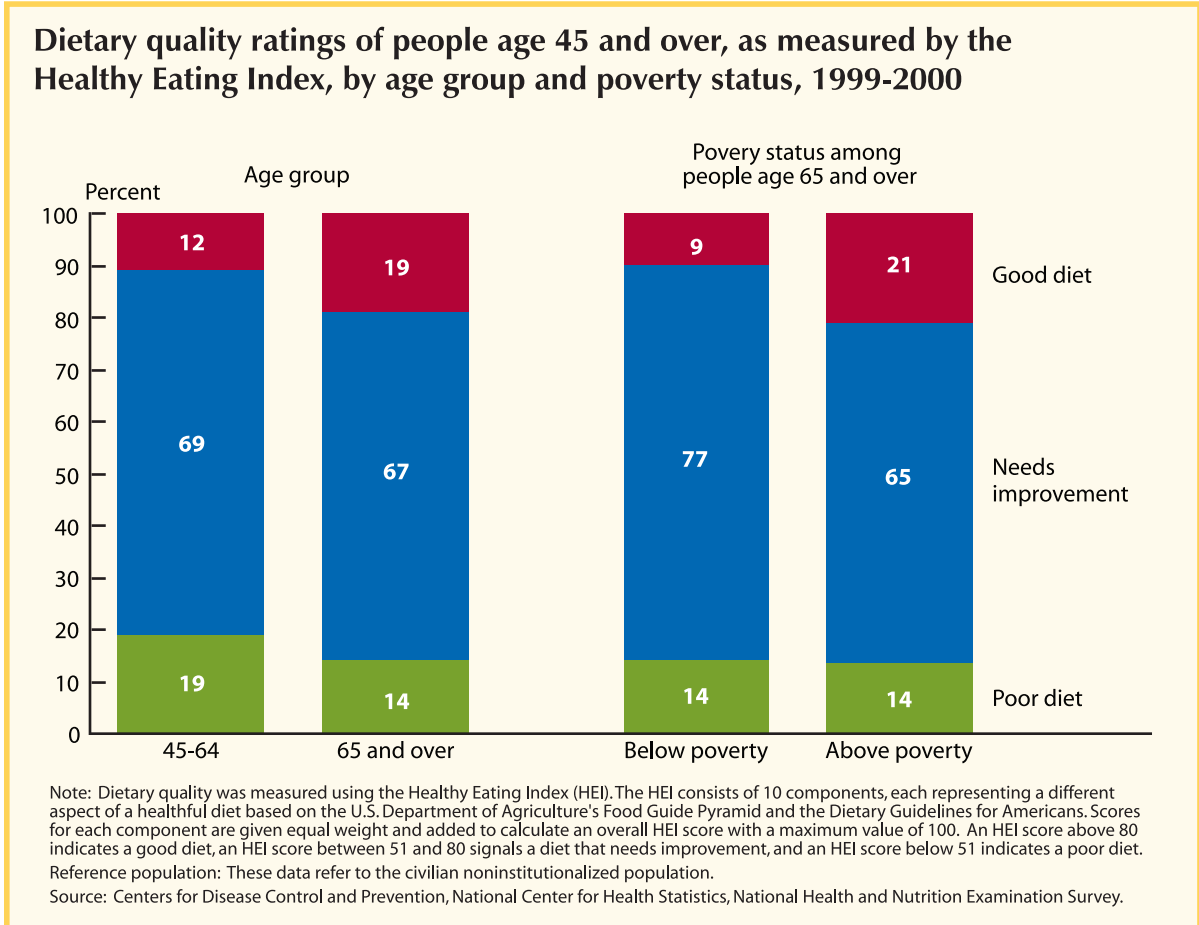
Data for this indicator's chart and bullets can be found in Table 22 on page 95.



INDICATOR 23

Dietary Quality

Dietary quality plays a major role in preventing or delaying the onset of chronic diseases such as coronary heart disease, certain types of cancer, stroke, and Type 2 diabetes.³⁵ A healthy diet can reduce some major risk factors for chronic diseases, such as obesity, high blood pressure, and high blood cholesterol.³⁶



- ◆ Dietary quality was rated good for a higher percentage of the population age 65 and over (19 percent) than for people age 45-64 (12 percent). Even so, a majority of older people reported diets that needed improvement (67 percent) or were poor (14 percent).
- ◆ Older people living in poverty were less likely to report a good diet (9 percent) than older people living above the poverty level (21 percent).
- ◆ Older peoples' scores were lowest for the components of the Healthy Eating Index measuring daily servings of fruit and milk products. Older peoples' scores were highest for the components of the index measuring cholesterol intake and the variety of the diet.

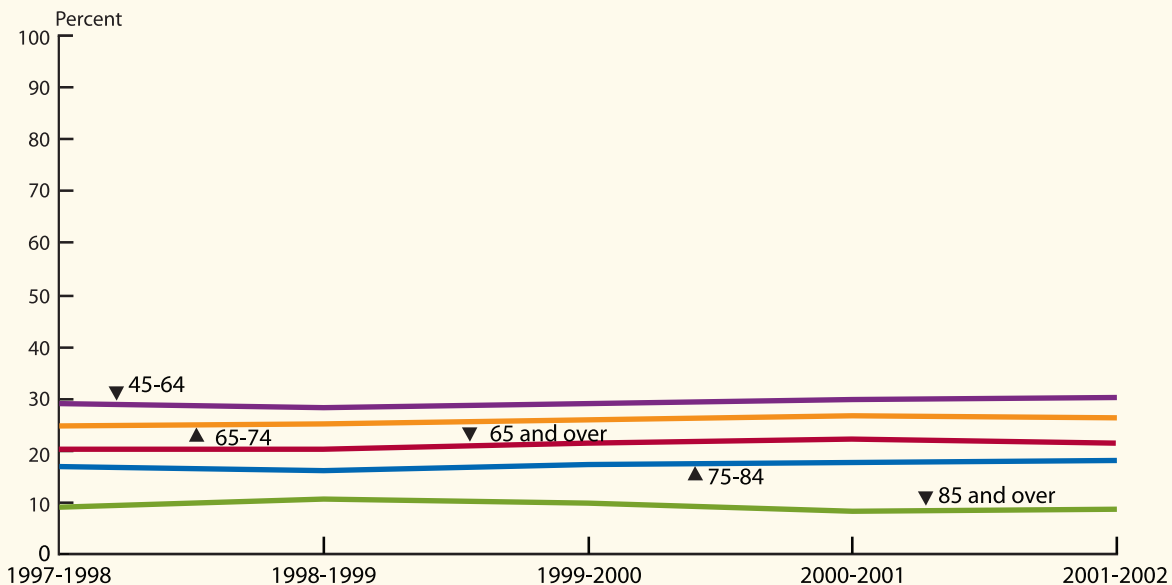
Data for this indicator's chart and bullets can be found in Tables 23a and 23b on pages 95 and 96.

INDICATOR 24

Physical Activity

Physical activity is beneficial for the health of people of all ages, including the 65 and over population. It can reduce the risk of certain chronic diseases, may relieve symptoms of depression, helps to maintain independent living, and enhances overall quality of life.^{37,38} Research has shown that even among frail and very old adults, mobility and functioning can be improved through physical activity.³⁹

Percentage of people age 45 and over who reported engaging in regular leisure time physical activity, by age group, 1997-2002



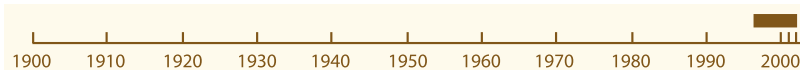
Note: Data are based on 2-year averages. "Regular leisure time physical activity" is defined as "engaging in light-moderate leisure time physical activity for greater than or equal to 30 minutes at a frequency greater than or equal to 5 times per week, or engaging in vigorous leisure time physical activity for greater than or equal to 20 minutes at a frequency greater than or equal to 3 times per week." Reference population: These data refer to the civilian noninstitutionalized population. Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

- ◆ In 2001-2002, 21 percent of people age 65 and over reported engaging in regular leisure time physical activity. The percentage of older people engaging in regular physical activity was lower at older ages, ranging from 26 percent among people age 65-74 to 9 percent among people age 85 and over. There was no significant change in the percentage reporting physical activity between 1997 and 2002.
- ◆ Men age 65 and over are more likely than women in the same age group to report engaging in regular leisure time physical activity (26 percent and 18 percent, respectively, in 2001-2002). Older non-Hispanic white people report higher levels of physical activity than non-Hispanic

black people or Hispanics (23 percent compared with 14 percent for Hispanics and 13 percent for non-Hispanic blacks in 2001-2002).

- ◆ Other forms of physical activity also contribute to overall health and fitness. Strength training is recommended as part of a comprehensive physical activity program among older adults and may help to improve balance and decrease risk of falls.⁴⁰ Twelve percent of older people reported engaging in strengthening exercises in 2001-2002.

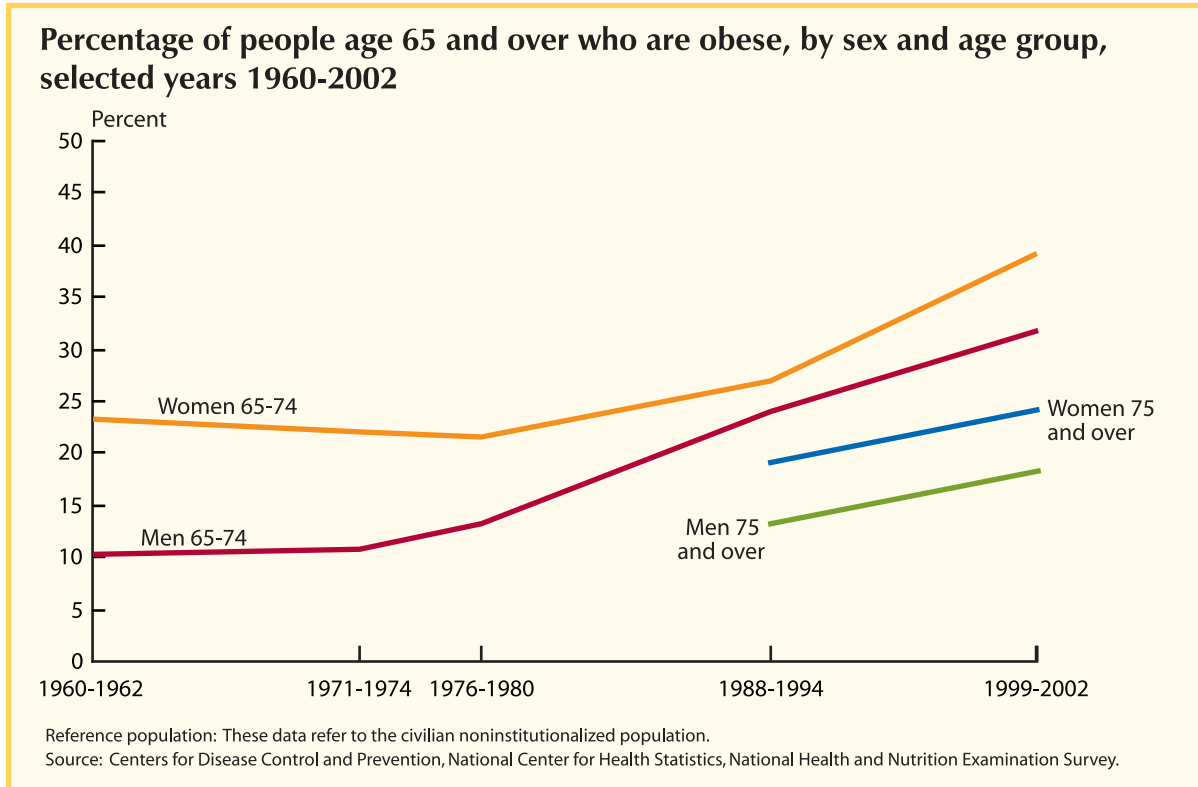
Data for this indicator's chart and bullets can be found in Tables 24a and 24b on pages 96 and 97.



INDICATOR 25

Obesity

Obesity and overweight have reached epidemic proportions in the United States and may soon rival cigarette smoking as a major cause of preventable disease and premature death.⁴¹ Both are associated with increased risk of coronary heart disease; Type 2 diabetes; endometrial, colon, postmenopausal breast, and other cancers; asthma and other respiratory problems; osteoarthritis; and disability.^{42,43} The increase in prevalence of obesity among older adults has been especially dramatic.⁴⁴



- ◆ The percentage of older Americans who were obese or overweight increased significantly in the last 4 decades. In 1960-1962, 18 percent of people age 65-74 were obese; 55 percent were overweight. By 1999-2002, more than one-third (36 percent) were obese; nearly three-quarters, or 73 percent, were overweight. Most of the increase in the prevalence of obesity and overweight has occurred since 1976-1980.
- ◆ In 1999-2002, 32 percent of older women age 65 and over were obese, compared with 27 percent of men. Conversely, older men were more likely to be overweight (73 percent of men compared with 66 percent of women.)
- ◆ The prevalence of obesity is greater among people age 65-74 than among people age 75

and over. Thirty-two percent of men age 65-74 are obese compared with 18 percent of men age 75 and over. Thirty-nine percent of women age 65-74 are obese compared with 24 percent of women age 75 and over.

- ◆ The prevalence of underweight among people age 65 and over is quite low. In 1999-2002, 2 percent of older men and women were underweight. Older women age 65 and over were three times as likely as their male counterparts to be underweight (3 percent of women versus 1 percent of men).

Data for this indicator's chart and bullets can be found in Table 25 on pages 97 and 98.

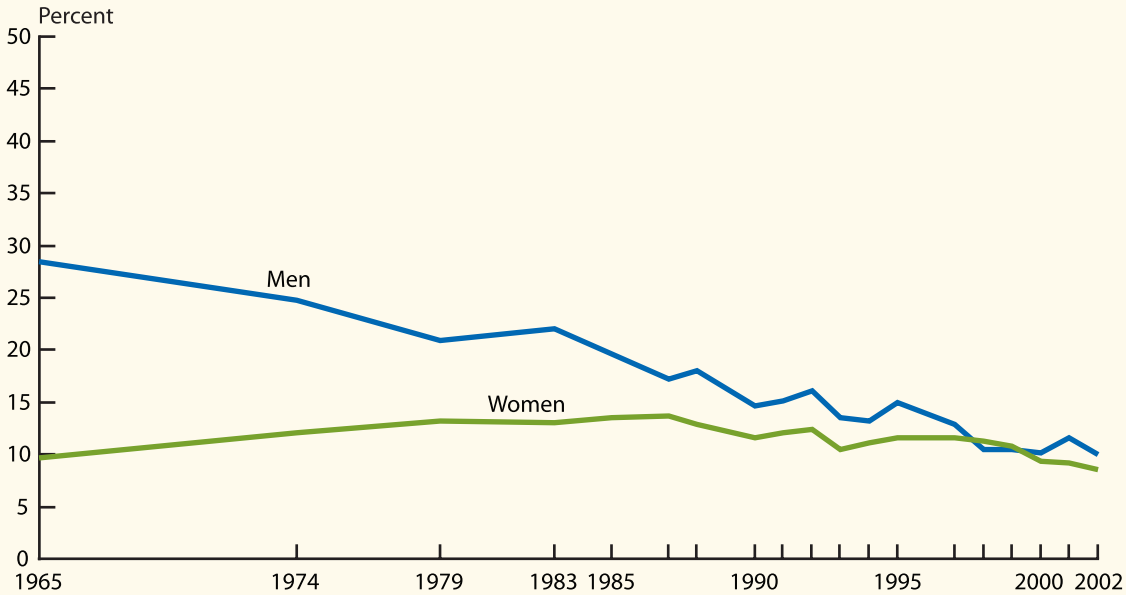


INDICATOR 26

Cigarette Smoking

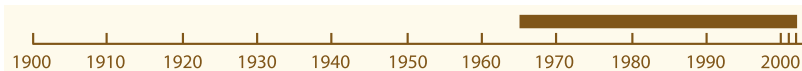
Smoking has been linked to an increased likelihood of cancer, cardiovascular disease, chronic obstructive lung diseases, and other debilitating health conditions. Among older people, the death rate for chronic lower respiratory diseases (the fourth leading cause of death among people age 65 and over) has increased since 1980.⁴⁵ This increase reflects, in part, the effects of cigarette smoking.⁴⁶

Percentage of people age 65 and over who are current cigarette smokers, by sex, selected years 1965-2002



Reference population: These data refer to the civilian noninstitutionalized population.
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

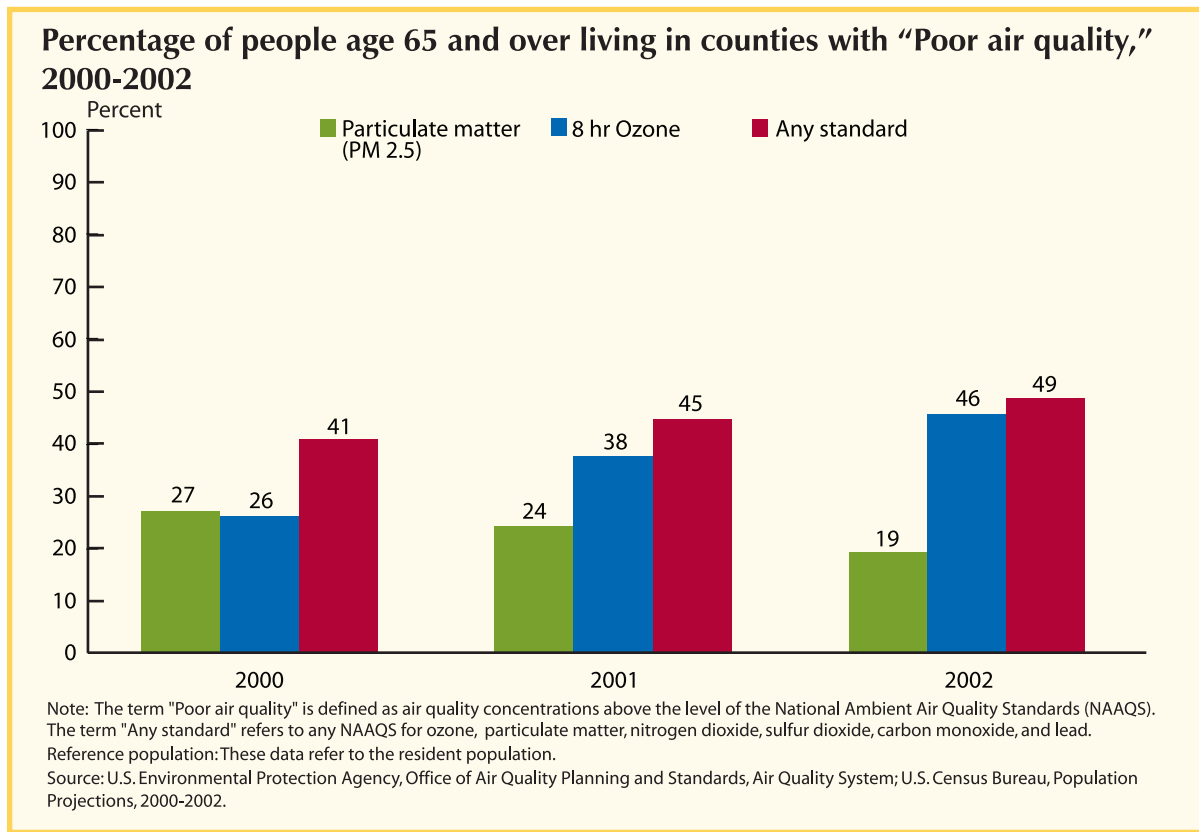
- ◆ The percentage of older Americans who are current cigarette smokers has declined dramatically over the past 37 years. Most of the decrease is the result of the declining prevalence of cigarette smoking among men (from 29 percent in 1965 to 10 percent in 2002). The percentage of women who smoke cigarettes has remained relatively constant, increasing slightly from 10 percent in 1965 before declining to 9 percent in 2002.
 - ◆ A similar pattern of decline is observed by race, although the prevalence of smoking remains much higher for blacks. Again, the decline is due almost exclusively to the higher percentage of cigarette smokers among older black men, which declined from 36 percent in 1965 to 19 percent in 2002.
 - ◆ The long-run decline in the prevalence of cigarette smoking also occurred in younger age groups. For example, 52 percent of men age 45-64 were current cigarette smokers in 1965. By 2002 this percentage had declined by more than one-half to 25 percent. The corresponding percentages for women age 45-64 are 32 percent and 21 percent, respectively.
 - ◆ A large percentage of men and women age 65 and over are former smokers. In 2002, 57 percent of older men previously smoked cigarettes, while nearly 29 percent of women age 65 and over were former smokers.
- Data for this indicator's chart and bullets can be found in Tables 26a and 26b on pages 99 and 100.*



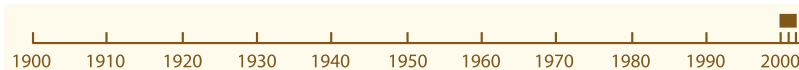
INDICATOR 27

Air Quality

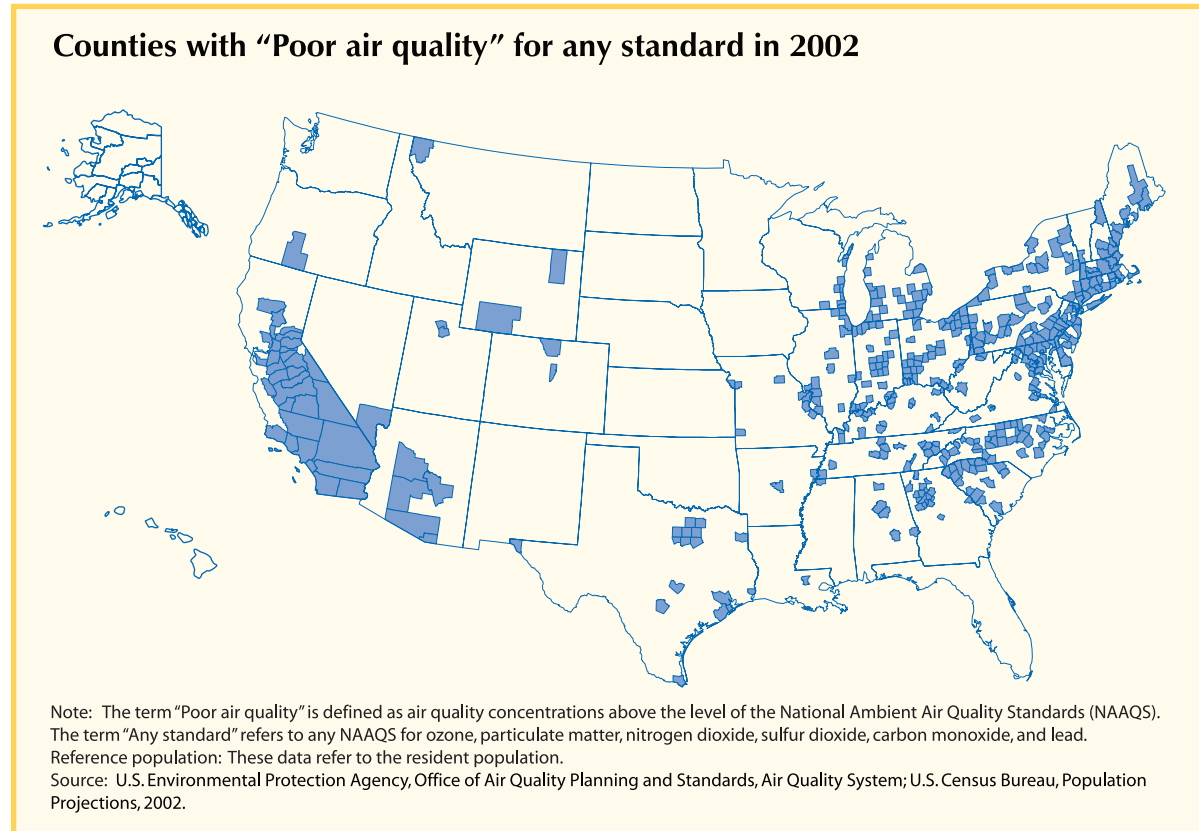
As people age, their bodies are less able to compensate for the effects of environmental hazards. Air pollution can aggravate heart and lung disease, leading to increased medication use, more visits to health care providers, admissions to emergency rooms and hospitals, and even death. An important indicator for environmental health is the percentage of older adults living in areas that have measured air pollutant concentrations above the Environmental Protection Agency’s (EPA) established standards. Ozone and particulate matter (PM) (especially smaller, fine particle pollution called PM 2.5) have the greatest potential to affect the health of older adults. Fine particle pollution has been linked to premature death, cardiac arrhythmias and heart attacks, asthma attacks, and the development of chronic bronchitis. Ozone, even at low levels, can exacerbate respiratory diseases such as chronic obstructive pulmonary disease or asthma.⁴⁷⁻⁵¹



- ◆ In 2002, 46 percent of people age 65 and over lived in counties with poor air quality for ozone compared with 26 percent in 2000. The hot, dry 2002 summer climate was particularly conducive to the formation of ground-level ozone, and this, in turn, may have contributed to the higher ozone measurements in 2002.
- ◆ A comparison of 2000 and 2002 shows a reduction in PM 2.5. In 2000, 27 percent of people age 65 and over lived in a county where PM 2.5 concentrations were at times above the EPA standards compared with 19 percent of people age 65 and over in 2002.
- ◆ The percentage of people age 65 and over living in counties that experienced poor air quality for any air pollutant increased from 41 percent in 2000 to 49 percent in 2002. This increase was largely due to the increased number of areas that experienced poor air quality for ozone in 2001 and 2002.



Air quality varies across the United States; thus, where people live can affect their health risk. Each State monitors air quality and reports findings to the EPA. In turn, the EPA determines whether pollutant measurements are above the standards that have been set to protect human health.



- ◆ In 2002, nearly 50 percent of the population lived in a county where measured air pollutants reached concentrations above EPA standards. This percentage was fairly consistent across all age groups, including people age 65 and over.
- ◆ Overall, approximately 146 million people lived in counties where monitored air in 2002 was unhealthy at times because of high levels of at least one of the six principal air pollutants:

ozone, particulate matter (PM), nitrogen dioxide, sulfur dioxide, carbon monoxide, and lead. The vast majority of areas that experienced unhealthy air did so because of one or both of two pollutants—ozone and PM.

Data for this indicator’s charts and bullets can be found in Tables 27a and 27b on page 100.